

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH  
County of Havasu  
District of Pima  
Town of Glenbar  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. 165  
Co. Register No. 229  
Local Registrar's No. 27

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD \_\_\_\_\_ } Born NO  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive YES

Sex of Child <u>Male</u>	Twin, Triplet or other <u>Single</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec. 13</u> 19 <u>19</u> (Month) (Day) (Yr.)
Full Name <u>Lewis Allen</u>			Full Maiden Name <u>Grace Echols</u>		
Residence <u>Glenbar</u>			Residence <u>Glenbar</u>		
Color or Race <u>White</u>	Age at last Birthday <u>27</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>23</u> (Years)	
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on 12/13 1919, at 2<sup>55</sup> P. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) R. b. Dryden M.D.  
(Attending physician, midwife, householder,\*)

Given or Christian name added from a

supplemental report \_\_\_\_\_ 191\_\_\_\_  
Address  
Filed 1/5 1920

015-1213-752  
COUNTY REGISTRAR.

A True Copy  
Filed 1-8 1920

Pima Arizona  
Mrs. R. b. Dryden  
LOCAL REGISTRAR.

J. N. Stratton  
COUNTY REGISTRAR.